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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

NONE 12/26/06 KAB

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE 12/26/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/28/2002

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 2	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<u>K. Ballard</u> <u>KAB</u> Examiner's Signature Initials				

## ADDRESS

21917

## TITLE

Diagnosis and treatment of dementia utilizing thrombospondin

FILING FEE RECEIVED 519	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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